MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY harles Mary MARYLAND b. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hughesville 1hr. 55 min. Leonardtown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Mary's Hospital YES C ND 3. NAME OF DECEASED Middle Last DATE Month Thaddeus (Type or print) DEATH Acton. ebruaru 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED [ NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVDRCED 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service)

pring. New Jersery 18. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 260X DUE TD Conditions, If any, which (h) gave rise to Immediate DUE TO cause (a), stating underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO 2Da. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME DF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While

and that death occurred at.

PHYS.

M.D.

**ATTENDING** 

the hospital or attending physician. PHYSICIAN: The law certificate tached f S MEDICAL retained by 0 the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the saw the deceased alive pn. 22a. SIGNATURE page ; Page 4 may 1 director, pa PHYSICIAN'S BURIAL, CREMATION. FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

at work

22d. ADDRESS Mechanicsville, Maryland

(State)

**ADDRESS** 

at work

DATE

25a.

19.

DIRECTOR

REC'D BY REGISTRAR

to

25b. REGISTRAR'S SIGNATURI 196

22b. DATE SIGNED

M. from the causes and on the date stated above.

papers. in 72 h

event, within

any

remova

0

cremation,

-transit

as the b

for use Health

à

signed | been signed, the burial, control

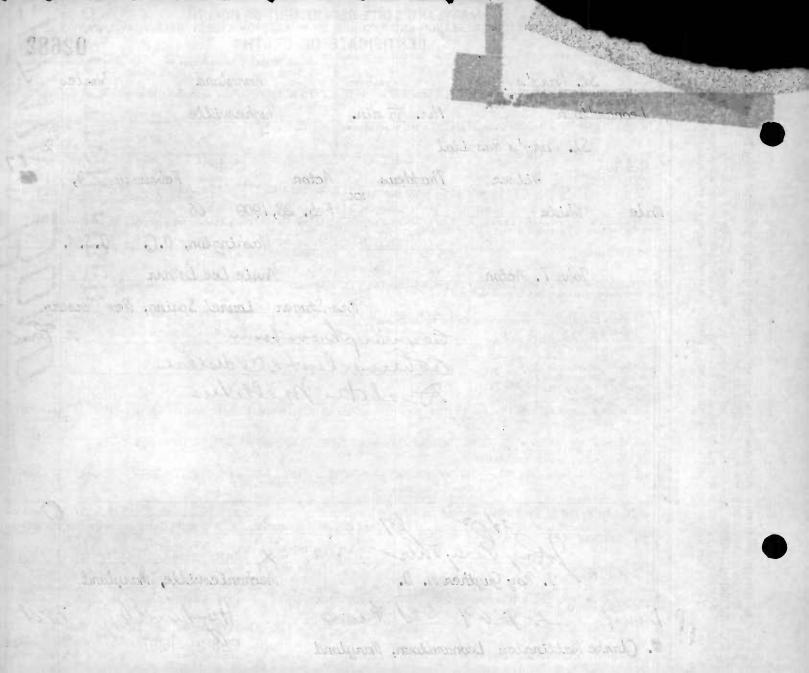
completely carbon

certificate be

death

requires that the

and con



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
L	02687 CERTIFICATE OF DEATH 02683
1	PLACE OF DEATH a. COUNTY  ST. MARYS  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission b. COUNTY b. COUNTY MARYLAND ST. MARYS
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  ST. MARYS HOSPITAL  e. IS RESIDENCE ON A FARM?  YES \( \sum \) NO \( \overline{X} \)
3	DECEASED
-5	(Type or print) JESSIE AGATHA BISCOE DEATH FEB. 10 19 67  SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HR:
	FEMALE WHITE WIDDWED DIVORCED 2/20/1892 74 yrs.
1 d	a. USUAL OCCUPATION (Give kind of work done in Db. Kind of Business or Indigence in Country) 12. CITIZEN OF WHAT COUNTRY?  HOUSEWIFE DOMESTIC MARYLAND 12. CITIZEN OF WHAT COUNTRY?  USA
1	HOUSEWIFE DOMESTIC MARYLAND USA  FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	DANIEL F. HAMMETT IDA I. BOHANAN
(	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unkown) (If yes give war or dates of service)
=	NO   212 56 2378   MR.DANIEL B.BISCOE SAME AS #2
I	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
	Conditions, If any, which ) DUE TO MUST ANIAL AMERICAN MICH
ı	gave rise to immediate cause (a), stating the DUE TO
Z	underlying cause last. (c) (d) the world the state of the
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19 WAS AUTOPSY PERFORMED?  YES NO
	20a. ACCIDENT WAS UNDERLYING \( \) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 14) OR CONTRIBUTING \( \) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)    Description of the property of the plant o
	21. I certify that (I) (this hospital) attended the deceased from 19 to 19 that (I) (that (I) (t
	saw the deceased alive on 19 19 19, and that death occurred at SMM, from the causes and on the date stated above
	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 2/13/17
	22c. PHYSICAN'S OF 22d. ADDRESS NAME (Type) J.P.JARBOE M.D.
2	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Ofty, town or county) (State)
1	BURIAL OPERATOR 2/13/67 ST. JAMES CEM.  ADDRESS   25a. REC'D BY REGISTRAR'S SIGNATURE
1	JOHN M. WELCH & LEONARDTOWN, MARYLAND DATE EB 16 1967 (Clearles Judge)
N=	AND A THAT A VITAL GOLDANA AND A VITAL GOLDANA

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH o. COUNTY b. COUNTY Mary's MARYLAND delay and 2 with the State Department b. CITY OR TOWN (If autside carporate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 and e RURAL and give nearest town) cements Lements d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 00 hours after death 3. NAME OF Middle DATE Lost Month Year DECEASED OF 19 67 February Brown DEATH ffice along 8 DATE OF BIRTH HNDER 24 HR S. SEX 9. AGE (In years last birthdoy) Months Dovs Hours hours after death. Male DIVORCED WIDOWED BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) Maryland onstruction This certificate shauld be executed within James William Brown Mary Lillian Herbert File WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO permit. I (Yes, no, ar unknown) (If yes give wor or dates of service within Lements. Maryland 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: event IMMEDIATE CAUSE (o) writing the word Aup Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) ar remayal, NO F pe 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should PRIMARY For CONTRIBUTING EXAMINER: CAUSE OF DEATH. crematian, 2 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (Stote) Not While of work 21. I certify that I taak charge of the remains described above, held an Autapsy [ and in my apinian Inquiry X Inspection X death resulted fram: Natural causes Accident X Suicide Hamicide Undetermined manner may be retained **ACTUAL** 22. DATE SIGNED 5 may be ret TO FUNERAL D Health prior t ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral necessary, DEPUTY MEDICAL EXAMINER 2-26-69 **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23o. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Sacred Heart 2So. REC'D BY REGISTRAR VR A 15ME (5) 1967 Clarke Mattingley Leonardtown, Maryland

15887			¢ (
1. St. 11.00 1	Araplant		Washing and
	Aural Smart		Same)
Services with	Secure. February	James Coleand	Wash Care
	Touch 3, 1935 31 "		GARN, STORY
s b 6	Smileral		anis annound
	Period LCV Line Weaker	depen .	James W. W.
the Paryland	durit Visitata tawas Class		
	7,52,1-28 (5		
C. J. M. W	-95-3 215-510h		
		2	
		· Pere Ma De	
insternal		, (45)	e parti Lista
	West of SAM Southern	CL. M. W. Serrich E.	f. Marie Marchaella

/ 1		DIVISION			DEPARTMENT OF HI	EALTH MORE, MARYLAND 21201	
FOR STATE	026				R'S CERTIFICATE		02685
HEALTH DEPT.	1. PLACE OF a. COUNT)	St. Maru	14	MARYLAN	CTATE	(Where deceased lived, if institution b. COUNT	
2, ond 3 to PM3. Page	yvrite R	TOWN (If autside carparate lim URAL and give nearest town)	its,	c. LENGTH OF STAY IN II	c. CITY OR TOWN (IF	ayland  outside carparate limits, write RURA  (Lenents	L and give nearest tawn)
ofter death. If ony delay is 8. Give Pages 1, 2, and 3 to along with form PM3. Page with the State Department of the State Dep	d. NAME C	F HOSPITAL OR INSTITUTION (If		give street address)	d. STREET ADDRESS	(xanaux	e. IS RESIDENCE ON A FARM? YES NO
ofter death.  8. Give Poge olong with free with the Stote.	3. NAME OF DECEASED (Type or p	St. Mary's Ho.	irst	Middle Xavier (	last	4. DATE Month OF DEATH February	Day Year
	5. SEX Male	6. COLOR OR RACE  Negro	7. MARRIED WIDOWED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	HUNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
s officers of the standard of	10a, USUAL OC during most of	CUPATION (Give kind of work dan working life, even if retired)	e IDb. Ki	ND OF BUSINESS OR DUSTRY	Nov. 27, 10	te ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
within 24 hours ofter death. If of pencil in Item 18. Give Pages 1, scaminer's Office along with form the pages and with the State Dephours after death.	13. FATHER'S	Joseph I. (	arter		14. MOTHER'S MAIDE	NAME Catherine Thomas	
xecuted wii rding" in pe Medical Exar permit. File within 72 ho	IS. WAS DEC (Yes, na, ar ur	EASED EVER IN U.S. ARMED FORCES iknown) (If yes give war ar dates	? 16.	SOCIAL SECURITY NO.			
INER: This certificate should be executed within 24 hours e certificate, writing the word "pending" in pencil in Item 18 should be forwarded to the Chief Medical Examiner's Office files.  3 should be used as a buriol-transit permit. File pages and tion, or removal, and in any event within 72 hours after death	1B. CAU	SE OF DEATH (Enter anly one co RT I. DEATH WAS CAUSED BY:	ouse per line far	(a), (b), and (c).) 5 ab-de	ral Hema	nter 5/01 2nd.	D. INTERVAL BETWEEN ONSET AND DEATH
e should be e the word "per to the Chief! p buriol-tronsit in ony event v	Canditia	DU ns, if any, which gave	E TO (b)				I Mis
ificote s ting the irded to os a bi ond in	stating t	nmediate cause (a), he underlying cause	E 10 (c)				
INER: This certificate, writ should be forwar files. 3 should be used fion, or removol,	PART II.	OTHER SIGNIFICANT CONDITIONS	Fra	tur ny	ella	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
MINER: This the certificate, a should be four files.	MEDICAL CERTIFICATION  TO STORY  TO	ERNAL CAUSE WAS  To contributing  DEATH.	20b. DE	SCRIBE HOW INJURY OCCUP	RED. (Enter nature of injury i	n Part I or Part II of item 18.)	
MEDICAL EXAMINER: lease execute the certification. Page 4 should stained for your files. DIRECTOR: Page 3 shou to buriol, cremotion, o	2Dc. TIM	E OF INJURY Manth, Day, Year Haur a.m. 2-26 19	2Dd. II While at war	NJURY OCCURRED 2 2Da Nat While 2 at work	e. PLACE OF INJURY (Hame, for factory, street, affice bldg., et Rows 14	rm, 20f. (City or town) 2 Clament	(County) (State)
cal Execution. Page for Page of for CTOR: Puriol, cr	21.	I certify that I took charge	ge of the rer	noins described obov	e, held on Autopsy 🔲	, Inspection X, Inquir le , Undetermined mo	y 🗷, ond in my opinior
Y MEDICA please e) ol director. retained i	ACTUAL SIGNATU	RE Alla	27.	Bayo	M.D. ASSISTANT M	AL EXAMINER  EDICAL EXAMINER	22. DATE SIGNED
TO DEPUTY MEDICAL EXAMINER: This certinecessary, please execute the certificate, writ the funeral director. Page 4 should be forwar 5 may be retained for your files.  TO FUNERAL DIRECTOR: Page 3 should be used Health prior to buriol, cremotion, or removal,	EXAMIN NAME (1	(ype) William D.	Boyd	M. D.		CAL EXAMINER (Cauchy)	2-26-67
TO D nece the S m S m Y Head	23a BURIAL, REMOVA Burio 24. FUNERAI	L (Specify)  DIRECTOR  Re Mattinoleu	1,1967	Sacred H		Bushwod,	Maguland
VR A15ME (5)	W. Clar	ke Mattinaleu	1 enna	dtown Mary	land DATE	MAR 1 1967	STATESTALES Judge

, \$				
	hardgred.		C. Maree La	
	and Comme			
			and the said of	
		obac) zabu)	man -	
	11. 11.1138 N			S. SANIE
1	- darydan			prisers.
	Lines (alexains)		TOTAL TOTAL	
	A. Contest 101 a			
LANCE SE		× ×		- (*)
hophysis .	ocersali i patemoj. Pri 1 AAM	The section		Bureinel M. Janea de

	tems 18&21 Film 387 3-29 ARYLAND STATE DEPARTMENT OF HEALTH
12	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	02690 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02686
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) 5. COUNTY 5. COUNTY 6. COUNTY
delay is ond 3 to M3. Page	St. Mary's Maryland St. Mary's
Pod 3	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)  c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)
ry delay is 7, and 3 to PM3. Page	Chaptico - rural   Chaptico   /8-/
S 1, 28 1, 20 of the Dep	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
after death. I 8. Give Poges olong with far	3. NAME OF First Middle Lost 4. DATE Month Doy Year
de P with	DECEASED (Type or print) Anne Dorothea Davis DEATH 2 23 19 6
Giv ong	S SEX 16 COLOR OR RACE 7 MARRIED NEVER MARRIED R DATE OF RIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HE
2 ol ol ol ol	female white WIDOWED XX DIVORCED   Nov. 30, 1898   Jos birthday) Months Days Hours Min
hours Item 1 Office I and 2	100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT
14 h	during most of warking life, even if retired)  INDUSTRY  Chaption, Manufond  COUNTRY?
thin 24 incil in niner's pages pages urs offe	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
vith omi	James Edward Davis Elizabeth Burgess
d with in per leaven. File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give war ar dates af service)
executed anding" in Medicol E permit. F	(res, na, or unknown) (it yes give war ar dates at service) Kenneth L. Davis 1805 N. Quinn St. Arlington
This certificate should be executed within 24 hours after death. cate, writing the word "pending" in pencil in Item 18. Give Page be forwarded to the Chief Medical Examiner's Office along with the towarded as a burial-tronsit permit. File pages land 2 with the Statemoval, and in any event within 72 hours ofter death.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
should be e ne word "per o the Chief I buriol-tronsit	PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (0)   Bronchopneumonia and purulent bronchitis   ONSET AND DEATH
ord ord e Ct	4-9/X DUE TO
shou wo the uriol	Conditions, if ony, which gove isse to immediate cause (a).
the state of the s	stating the underlying couse DUE TO
ertificate should writing the word rwarded to the Cl sed as a buriol-tr /ol, and in ony ev	last. (c)
certii orwar osed ovol,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?
his date, re for the form	PERFORMED? YES 200. EXTERNAL CAUSE WAS PRIMARY Gr CONTRIBUTING CONTRIBUTION CONTRIB
ifica d be d ld b	20o. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
INER: The certific should be files. 3 should tion, or retion.	CAUSE OF DEATH.
	20c. TIME OF INJURY Month, Day, Year Haur a.m.  p.m. 19  20d. INJURY OCCURRED While at work at
L EXA cecute Poge for you OR: Pog	21. I certify that I took charge of the remains described above, held an Autapsy 🛣 , Inspection 🗌 , Inquiry 🔲 , and in my opini
MEDICAL EXA please execute director. Page retained for you. DIRECTOR: Page or to buriol, crer	deoth resulted fram: Natural causes 🗷 Accident 🛴 Suicide 🗍 Hamicide 🗍 Undetermined manner
MEDILA olease ex director. etained b DIRECTO to buric	CHIEF MEDICAL EXAMINER
JTY MEDIC, please erol director be retained RAL DIRECT prior to bur.	ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL EXAMINER ACTUAL EXAMINER ACTUAL SIGNATURE ACTUAL SIGNAL ASSISTANT MEDICAL EXAMINER ACTUAL SIGNAL ACTUAL SIGNAL ACTUAL SIGNAL ACTUAL ACTUAL ACTUAL SIGNAL ACTUAL ACTU
UTY, ory, hero be prid	EXAMINER'S Werner U. Spitz, M.D.  DEPUTY MEDICAL EXAMINER  2/24/67
TO DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Page 45 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to buriol, cremo	NAME (Type)  Address (Street, city, town, ar county)
o the the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
1	Burial Feb. 26, 1967 Christ Church Cemetery Chaptics St. Mary's, Md.  24. FUNERAL DIRECTOR  REMOVA) (Specify)  25. REC'D BY REGISTRAR'S STGNATURE
VR ATSME (5)	
6M 1/67	W. Clarke Mattingley Leonardtown, Maryland DATE MAR 1 1967 Johnson Judge

140			* \(\frac{4}{9}\) \(\lambda\)
	and the state of t		
			300
	\$ 25, 10% Sept. 25 68	of the same of the same of	
	ingal-part (co.) e.c.		
	pictobe discosti.	toyul	
denilis () militari Mala	ik für ösetet ibi de stern fransis	meA	
		• • •	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02691 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY g. STATE St. Mary's b. COUNTY delay is and 3 to M3. Page of Maryland death. MARYLAND b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest tawn) Valley Lee Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Del Office along with form within 72 hours 00 ate YES YNO hours after death. 3. NAME OF First Middle 4 DATE Month Last Day DECEASED Franklin James Fenni ch (Type or print) DEATH S SEX NEVER MARRIED 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years 20 Days lost birthdoy) Months DIVORCED WIDOWED Male Negro 7 ony event 10a. USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Maruland 13. FATHER'S NAME James Andrew Fenwick Mary Catherine Young IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. be executed permit. or removal, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) should writing the word burial, cremotion, DUF TO Conditions, if any, which gove rise ta immediate cause (a), DUE TO certificate stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? the certificate. NO X ogent, prior to 20a. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) CAUSE OF DEATH. 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Not While factory, street, office bldg., etc.) ST Marys 711 moy be retoined for your FUNERAL DIRECTOR: Poge pleose execute at wark at work 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection [X] Inquiry X ond in my opinion deoth resulted from: Accident X Homicide Undetermined monner Noturo couses Suicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 50 REMOVAL (Specify) Medley's Neck 24. FUNERAL DIRECTOR FEB VR A15ME (5) 6M 1/66 Larke Mattingley Leonardtown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

102897 a landonia B. F. Land The same Michigan grade manage the said of the said Sustant Land to the first of and the fallent and the first of the firs 

and a second			IARYLAND STATE DEI ESEARCH AND RECORDS	PARTMENT OF HEAL 3. 301 W. PRESTON STRE		MARYLAND
		02692	CERTIFICAT	•	0	2688
1	1.	PLACE OF DEATH a. COUNTY  St. Mary's	MARYLANO	2. USUAL RESIDENCE (Where a. STATE  C. CITY OR TOWN (If perside company)	b. COUNTY	. M 1.
		b. CITY OR TOWN (if outside conforate limit: write RURAL and give nearest town)  Leonardtown  d. NAME OF HOSPITAL OR INSTITUTION (if no	6 days	0 1 1	ardtown	/8-/
10	ß	St. Mary's H		DET 0	x 88	ON A FARM? YES X NO
	3.	NAME OF First DECEASED (Type or print)  Maru	Middle Josephine	Goddard 9. DAI	F 1	Day Year /. 19 67
	Fe 10a	USUAL OCCUPATION (Give kind of work done in most of working life, even if retired)	RIED NEVER MARRIED	S. OATE OF BIRTH  June 21, 1894  11. BIRTHPLACE (County & St	last birthday) Month 72 yrs.  ate, or foreign country) 12.	ER 1 YEAR IF UNDER 24 HRS S Days Hours Min. CITIZEN OF WHAT COUNTRY?
		House wife FATHER'S NAME  Joseph Samuel S	palding	14. MOTHER'S MAIOEN NAME Ruth Payne	Maryland   C	1.5.4.
	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unkown) (If yes give war or dates of service)		ice Regina Abell	Address  Leonardtown	, Maryland
		18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (a), (b), and (c).]	radein		INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  DUE TO  C(b)  DUE TO	myreadeal	2 defaution		8 days
7	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON				YES NO
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		JRRED. (Enter nature of Injury In	E PARTY	
	MEDICAL	Hour a.m.	20d. INJURY OCCURRED   20e. PLA While   Not While   facto t work   at work	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	. (City or town) (C	County) (State)
		21. I certify that (I) (this hospital) a saw the deceased alive on 225 signature		t death occurred at M,	from the causes and or	
		22c. PHYSICIAN'S NAME (Type) John F	mele M.D	D. ATTENDING MED. DIRECTOR DIRECTOR	STAFF PHYS.	12/67
?	232	Burial, cremation, 23b. Date thereo Feb. 4, 196 Funcal Function	F 23c. NAME OF CEMETERY  Our Ladys (h	OR CREMATORY 23d.  apel Me	LOCATION (City, town or dley's Neck, GISTRAR, 25b. REGISTR	county) (State)  Maryland  ARS SIGNATURE
A		W. Clarke Mattingley L	eonardtoun, Maryl	and DATE	1301 15000	as Judan

BEREO CARRENGE SEASON DE LES SEASON DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACT

Market 17 State St Louise teen 6 eins chart Lean dien .

Les mes la lagritude de la laction de laction de laction de laction de la laction de la laction de la laction de laction de laction de la laction de laction de laction de la laction de la laction de laction de

Sometime County of the County 1,

ands with the state of the stat time of the state of the state

Little waster the Leading stiller, specifical time began down

and a state of a language of the

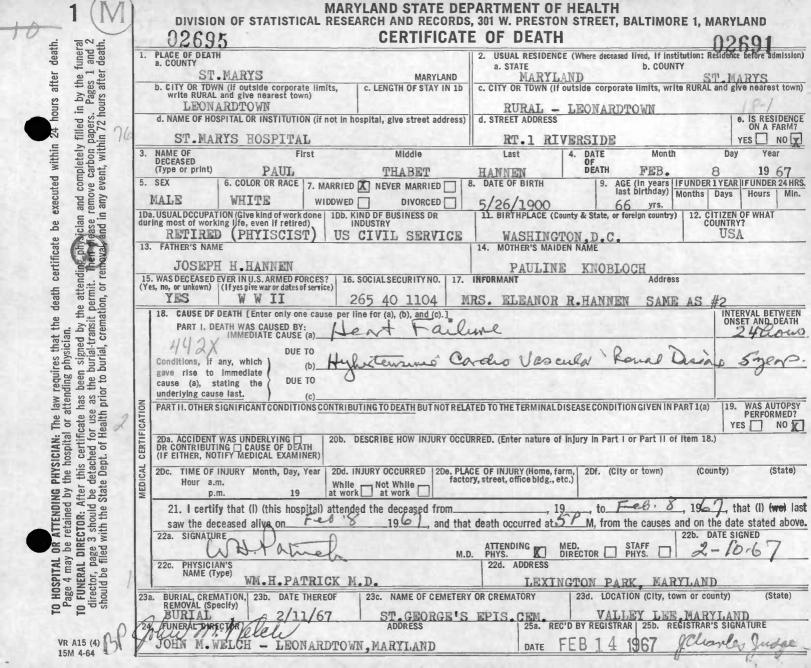
John F. Fanuick M.P. Lasen

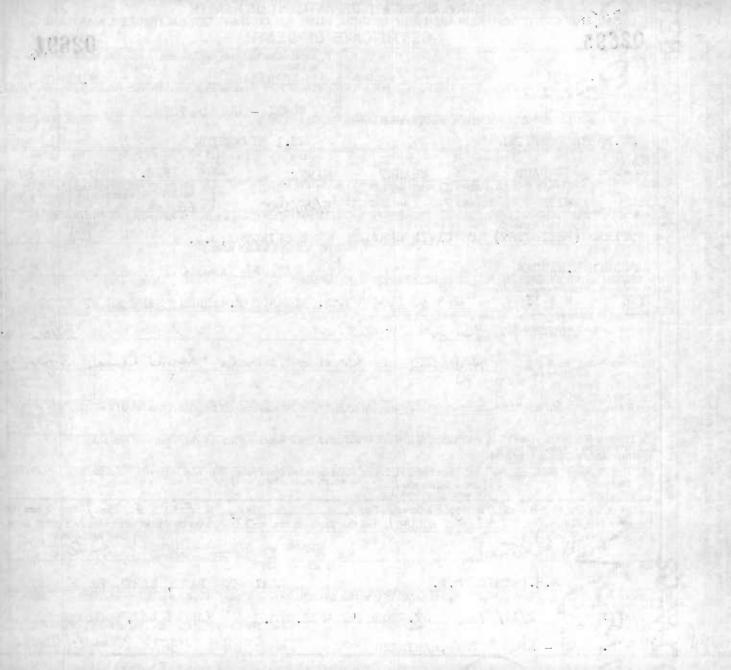
mound, and make the control of the c

Surfact Conference Constant Surface Concest Constant Cons

was"			
	Muligan)		Security
	Real Helle, Less	37. 12	in changes.
			Massa Standard
	ent co l'approle	manuse (a)	Security.
	4,107	real.	of the substitute shart
	luniors.		
	plices (need		Markin reduct
1 2000			
Part shoul	The same of the sa		A Sam
Yundows	gay Habbituers	S. John Gen	Line en la
		Markette, more street.	W. Charles State street by Lorent

		mu sortini votas parturbilitarios.	
02890			
			1
	A CHARLES		
		entra de la companya	
			454 194879 E
			new to the same of
		re zavina ileo a fina si Albo a Z	
			No. 1. A. of the State of the S
		edeage, timedout area	





1 1 (NA	1	~ DIVISION	OF STATISTICAL	MARYL	AND STATE DEI	PARTMENT OF 301 W. PRESTO	N STREET, BALTIM	ORE 1, MARYL	AND
= = 7		02696	OF STATISTICAL	TCLOL!	CERTIFICAT	E OF DEATH	1	02	692
death. funeral and 2 and 2	1.	PLACE DF DEATH					CE (Where deceased lived, If		before admission)
r d ful 1 a		a. CDUNTY	. Mary's		MARYLAND	a. STATE	nuland	St. Ma	au's
after / the ges 1	-	h CITY OF TOWN	(if nutside cornorate lin	nits,   c.	LENGTH DF STAY IN 1b	c. CITY OR TOWN (II	outside corporate limits,	write RURAL and giv	e elearest town)
ours in by Pag			nd give nearest town)	ndtown	4 days	Scotland	d Rural		18-1
24 hours after death filled in by the funeral apers. Pages 1 and 2 n 72 hours after death			PITAL OR INSTITUTION (I	not in hosp	ital, give street address)	d. STREET ADDRESS		6	ON A FARM?
	,	St.	Mary's Hosp	ital					YES ND
executed within 24 hours nand completely filled in by remove carbon papers. Pagin any event, within 72 hours	3.	NAME DF DECEASED	First		Middle	Last	05 -	onth Day	Year
d wi		(Type or print)	Mart	in	Webester	Knott B. DATE OF BIRTH		rs IF UNDER 1 YEAR	19 6/
ute   col		SEX Market	1131 • 1	MARRIED 🔀	NEVER MARKIED	Feb. 27, 18	lact hirthda	y) Months Days	Hours   Min.
and remo		Male		IDOWED	DIVORCED DIVORCED		county & State, or foreign cour	ntry)   12. CITIZEN	DF WHAT
sician sician and in	du	ring most of workli	DN (Give kind of work done ig life, even if retired)	INDU	JSTRY	C: A	. M / /	COUNTRY	7
icate be physicia n pleasi	13	. FATHER'S NAME		1		14. MDTHER'S MAR	DEN NAME	Unda/	•
certifica Iding ph Then removal	1		liam Henry K	nott		Anno	a Goddard		
ath cert attendin rmit. Th	1	. WAS DECEASED E	VER IN U.S. ARMED FORCE	S?   16. SO	CIAL SECURITY NO.   17.	INFORMANT	4	Iress	
hat the death cian. ed by the atter-transit permit, cremation, or		es, no, or unkown)	(If yes give war or dates of serv	2/7-	09-6501 811	th Elizabet	h Knott Scot	Land. Mari	
the it pe	-		EATH [Enter only one ca	use per line	for (a), (b), and (c).1	79 /	11/2 - 100	INTE	AVAL BETWEEN ET AND DEATH
the by ansi		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	11	roulall	MICE	affi	13	10
law requires that the death certificate be executed within attending physician.  • has been signed by the attending physician and completely e. as the burial-transit permit. Then please remove carbon in prior to burial, cremation, or removal, and in any event, with		491X	DUE TD		1/ 11.	16 ma	elemen.	- 5	ans
ires phy phy buri buri		Conditions, If a			31114	all the	ununa	1	1
N: The law requir tal or attending p tificate has been for use as the b f Health prior to b		cause (a), st	ating the DUE TD	(	7 mars Tr	Jan 9	Alanoni	James 1	12S.
	Z	underlying caus	e last. (c)_ IGNIFICANT CONDITIONS	CONTRIBUTE	NG TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION GIVEN	IN PART 1(a)   19.	WAS AUTOPSY
GIAN: The law ospital or aften certificate has hed for use as t. of Health pric.	CERTIFICATION	TAKTILOTIEKS	Tall Tonit obligation					YE	PERFORMED?
tal called for Head	F	20a. ACCIDENT	WAS UNDERLYING	20b. DES	SCRIBE HOW INJURY OCC	JRRED. (Enter nature of	of Injury in Part I or Part	II of item 18.)	
spi spi	CER	OR CONTRIBUTI	WAS UNDERLYING THE CAUSE OF DEATH OF MEDICAL EXAMINER						
DING PHYSICIAN: " ed by the hospital After this certific Id be detached for e State Dept. of He	CAL		NJURY Month, Day, Yea		fact	ACE OF INJURY (Home, tory, street, office bidg.,	farm, 20f. (City or town etc.)	) (County)	(State)
	MED	Hour a.m		While at work	Not While at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	
ATTENDIN retained b CTOR: Affi should b vith the S	-	21. I certif	that (I) Ithis hospite	Lattended	the deceased from		190/2 to	0 0	hat (1) (wet last
TTEP stair TOR shou	4		eased alive on	12/11	196//, and tha	t death occurred at.	CAM, from the days	es and on the dat	e stated above.
OR ATTENDING De retained by IIRECTOR: After ge 3 should be ed with the Stat		22a. SIGNATUR	the state	1 45	anlas.	D. ATTENDING	MED. STAFF DIRECTOR PHYS.	7/8/	11
AL CONTROL DISTRIBUTION OF THE PAGE AT THE THE THE THE THE THE THE THE THE TH		22c. PHYSICIA	N'S WIN	11	2412 M.	22d. ADDRESS	DIRECTOR PHIS.	701	) /
TO HOSPITAL OR ATTENDIPLE OF Page 4 may be retained for FUNERAL DIRECTOR: A director, page 3 should should be filed with the	1	NAME (T)	pel James F	Jarb	oe M. D.	Gree	at Mills, Ma	ryland'	_/
HOS Page FUN Poul	23	a. BURIAL, CREM	ATION, 23b. DATE THE	REOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City	y, town or county)	(State)
51 51 51 S		Burial Spe	Feb. 10.	1967	Arlington Na	tional	Arlington	REGISTRARIS SIG	rginia _
	2	4. FUNERAL DIRE			ADDRESS		FFB 9 196		les Judge
VR AI5 (4)	_	W. (Larke	Mattingley	Leonar	dtown, Maryl	and DATE	1 200		0

Survey of the second se John Sandanic wine a nationance in the Many in, sanda Anadast ... of manager and the transfer of the second of bally are for half and a second and a or and a second of the state of the second second and the second of the Treatment of the second of the Security Fab. (0.1997 Reducedon Nectorial Committee Comm W. Jake Hotelingler Congression, Jaryland

12	1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTISTICAL RESEARCH AND RECORDS AND RECOR	MORE 1 MARYLAND
0	± ₹ ₹		02697 CERTIFICATE OF DEATH	02693
	hours after death.  d in by the funeral rs. Pages 1 and 2- 2 hours after death.	1.	PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, I	If institution: Residence before admission
	e fu	100	St. Mary's Maryland B. C. Maryland B. C.	COUNTY St. Mary's
	after y the iges 1 s after		b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
	in by S. Page		Leonardtown (olton Point	18-1
	ho ed i ers. 72 h		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	tthin 24 hc	_	St. Mary's Hospital	YES ND
	executed within and completely remove carbon prany event, within	3.	BEOFFICE TO THE TOTAL TOTAL TO THE TOTAL TOT	Month Day Year
	comple comple ve cark event,	-	(Type or print) Peter Moules DEATH February	wary 6, 1967
	xecute and co emove any ev	3.	clast birthd	ears   IFUNDER 1 YEAR   IF UNDER 24 HR
	n and in any	1.1	ale White WIDOWED DIVORCED June 10, 1897 69 yr	s.
		du	a. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign con INDUSTRY)	untry) 12. CITIZEN OF WHAT COUNTRY?
	physician n please	12	Sales representative Cloctronics Florida	U.S.A.
	fing ph Then Then emoval	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	certificate be		William H. Knowles Mary Ellis	
	E 25 2	CY	es, no, or unkown) (If yes give war or dates of service)	ddress
	death he after permit tion, or	16		Point, Maryland
			18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	hat the ician. led by the real cramsit I, cramal		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia	4 day
	2 2 6 6		442X DUE TO O	
	physi physi n sign burial burial		Conditions, if any, which gave rise to immediate (b) Carrier vosculor renal des	eeno syear
	ding plant peen the pur to pur		cause (a), stating the DUE TO	
	aw ten ten as as prio	NO	underlying cause last. ) (c) (c)	
		ATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	PERFORMED?
	F 22 - 2	FIC	Jory cythenia - rectal polyps	YES NO X
		CERTIFICAT	20a. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part (IF EITHER, NOTIFY MEDICAL EXAMINER)	II of Item 18.)
	the hospi this ceri detached e Dept. of			n) (County) (State)
	E e e e e e e e e e e e e e e e e e e e	MEDICAL	2Dc. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm, Hour a.m.   While Not While   factory, street, office bldg., etc.)	i) (County) (State)
	retained by the control of the contr	M	p.m. 19  at work	
	he me	19	21. I certify that (I) (this hospital) attended the deceased from 170 to 19, to Feb	6 , 19 67, that (I) (we) las
	Short short		saw the deceased alive on 1947, and that death occurred at 3 P M, from the cause 22a, SIGNATURE	
	OR ATTE y be retai DIRECTOR age 3 sho lied with t	Н	ATTENDING - MED STAFF	22b. DATE SIGNED
			22c. PHYSICIAN'S M.D. PHYS. DIRECTOR PHYS.	11 7/10/01
	Page 4 may O FUNERAL director, pa		NAME (Type)	Maryland
	Page 4 Fune directo	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CITY REMOVAL (Specify)	y, town or county) (State)
	5 5 6	16	surial Feb. 6, 196/ All saints (emetery Vakley,	St. Mary's, Maryland
	MY	24	FED 1 / 4007	REGISTRAR'S SIGNATURE
	VR AI5 (4)	4	Clarke Mattingley Leonardtown, Maryland DATE FEB 14 1967	I was find
	20111 1/00		The state of the s	

G. Y. Stubb All the way of the second of the s income and a second second The second second BALTIN SAME Line aconsumición (Locination Constitue Consti ALL YOUR CONTRACTOR OF THE SECOND CONTRACTOR O The court start to the form of the start of the terminal and the second of the second stillien I. food in the man secondarition, described Sected February of All Secrets Constant Children States September . Jacke Hickory Ley Charactery, marginal

-	1 1		MARYLAND STATE DEPARTMENT OF HEALTH  BUYLSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	YLAND
ath.	uneral and 2 death.	/	CERTIFICATE OF DEATH 02	694
death.			1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Resident a. STATE b. COUNTY	ice before admission)
hours after	by the 1 Pages 1 urs after		b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYLAND  C. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
ours	.E . 0		LEONARDTOWN	18-1
4	filled papers, in 72 h		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
.E.	ly fi	76:	ST.MARYS HOSPITAL BOX 221	YES NO X
with	npletely carbon pont, with		3. NAME OF First Middle Last 4. DATE Month DE OF OF OF OF DECEASED TO DECEASED OF OF OF OF OF OF OF OTHER OF OTHER OF OTHER OTHER OF OTHER OTHER OF OTHER O	
pa	= 0	1	5. SEX   6. COLOR OR RACE   7 MADDIED   NEWTO MADDIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR	19 67 AR JIF UNDER 24 HRS.
ecut	and co remove any ev		MALE WHITE WIDOWED DIVORCED OCT. 9, 1938 28 yrs.	Hours Min.
<b>8</b>	an a e re in a	ľ	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE COUNTI	N OF WHAT
e pe	physician of please r	1	CASHIER SAFEWAY FOOD STORE MARYLAND	JSA
icat	phy yal,		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ertif	attending phermit. Then		ALVIN FRANCIS NELSON SR. FRANCES LOUISE LONG	
E C			15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)	
dea	e 6.9		NO   219 36 9873   ALVIN FRANCIS NELSON SR. SAME AS	11
requires that the death certificate be executed within	- > S -		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	TERVAL BETWEEN NSET AND DEATH
hat	or attending physician. ate has been signed by use as the burial-transi ealth prior to burial, crem		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DEFILIBLE CAUSE (b) THE	
es t	sign urial urial		Conditions, If any, which DUE TO CONDITION OF THE CONDITI	
quir	een een te bi		gave rise to immediate cause (a), stating the DUE TO THINDIPPORT OF THE MUSICIPATION OF THE COURT OF THE COUR	
. re	endi ss b		underlying cause last. (c)	
e law	e has se a th b		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
		2	L L L L L L L L L L L L L L L L L L L	YES NO
PHYSICIAN:	be retained by the hospital or attending p IRECTOR: After this certificate has been e 3 should be detached for use as the b ed with the State Dept. of Health prior to b		PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 120a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
HYS	this this letac		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County)   4   4   4   4   4   4   4   4   4	(State)
9.	by the company the		Hour a.m. p.m. 19 While at work at work at work	
ATTENDING	R: Af	7.5		that (I) (we) last
- E	Sho sho		saw the deceased alive on 3cl 2 19 7, and that death occurred at 5 20M, from the causes and on the de	
S. S.	De 3		ATTENDING MED. STAFF	SIGNEO
Z	4 may IERAL D cor, pag		22c. PHYSICIANS NAME (Type)  A SAMADT M D  M.D. PHYS. X DIRECTOR PHYS. 2/3/6  22d. ADDRESS  LEVON A DDREOUN MD	27
SPI	NER NER	1	NAME (Type) A. SAMADI M.D. LEONARDTOWN, MD.	
O HOSPITAL	Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LEONARDTOWN, MD.	(State)
5.	12			ON A TUDE
vii	DATE (A)	P	ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	on Oude
	R A15 (4)	,	JOHN M. WEICH - LEONARDTOWN, MD. DATE	1

2-	1/M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	F 28 F	02699 CERTIFICATE OF DEATH 02695
•	ithin 24 hours after death. stely filled in by the funeral bon papers. Pages 1 and 2 within 72 hours after death.	1. PLACE OF DEATH a. COUNTY  St. Mary S  MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Lexington Park  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission as STATE b. COUNTY  a. STATE  Maryland c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Rural St. George Island d. STREET ADDRESS  e. IS RESIDENCE ON A FARM!  YES \( \) NO [2]
	executed wanted and comple remove carlin anyevent,	3. NAME OF DECEASED (Type or print)  B. Rice DEATH February 26 19 67  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Mir Months Days Hours Mir Months Days Hours Mir Days Hours Mir Day Hours Mir Days Hours M
	eath certificate be e attending physician ermit. Then please r n, or removal, and in	13. FATHER'S NAME  ?  14. MOTHER'S MAIDEN NAME  ?  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)  **Mos Barbara R. Mo abe 17 Lei. Drive Lex. Pk. Mo
	aw requires that the death certificate be tending physician. has been signed by the attending physician as the burial transit permit. Then please prior to burial, cremation, or removal, and i	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.  (c)
	CIAN: The I spital or a certificate led for use led for use of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS PERFORMED? YES NO [ 20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
•	NG by ffter be Stat	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town) (County) (State)   20f. (City or town)   (County)   (State)   20f. (City or town)   (County)   (State)   20f. (City or town)   (County)   (State)   20f. (City or town)   (County)   (State)   20f. (City or town)   (County)   (State)   20f. (City or town)   (County)   (State)   20f. (City or town)   (County)   (State)   20f. (City or town)   (County)   (State)   20f. (City or town)   (County)   (State)   20f. (City or town)   (County)   (State)   20f. (City or town)   (County)   (State)   20f. (City or town)   (County)   (State)   20f. (City or town)   (County)   (Co
	TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the (	22c. Physician's NAME (Type)  P. J. Bean M. D.  22d. ADDRESS  22d. LOCATION (City, town or county) (State)  REMOVAL (Specify) Farch 2, 1967  St. George Island M. E.  24. FUNERAL DIRECTOR  ADDRESS  1 25a. REC'D BY REGISTRAR 25b. REGISTBAR'S SIGNATURE
	VR AI5 (4) 20M 1/65	W. Clarke Mattingley Leonardtown, Maryland DATE FEB 28 1967 Schools Judge

Manufacture St. St. Saules 6, 1200 652 June Ledwer Lexinston rave Her forth ya Rido doe II Leb tabut Leo. 1940. no putatite visions of large super Commence of board " " " Py dec- 2/37/67 2. J. Som in D. Swalnell manufact herind I threat Life, St. Jange I develope, St. Jenera Internation, in The Charles in the contraction, the chart of 15 to 15

	MARYLAND STATE DEPARTMENT OF HEALTH  OUVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
eath.	02700 CERTIFICATE OF DEATH	02696
1	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Re 3. COUNTY  2. STATE 44.	4.
	St. Mary's MARYLAND Maryland St. 1	Mary's
	D. CITT OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL AND SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL AND SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OF STAY IN 1D C. CITY OR TOWN (IT OUTSIDE COPPORATE HIMITS, WITE RURAL SIZE PROPERTY OR TOWN (IT	and give nearest town)
_	Leonardtown D.O. A. Rural Valley Lee  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  St. Mary's Hospital  d. STREET ADDRESS	ON A FARM? YES NO
03	DECEASED	Day Year
6	(Type or print)  John Frank Slade Jr. DEATH February of SEX   6. COLOR OF RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1	15, 1967
,	Months	Days Hours Min.
1	Oa. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CI	TIZEN OF WHAT
d	uring most of working life, even if retired) INDUSTRY  Laborer Maryland U. 2	UNTRY?
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	John Frank Slade Sr. Maud Isabelle Rawls	
(	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Yes, no, or unknown) ((If yes give war or dates of service)	
	Marion G. Slade Valley Lee, Ma	ryland
	18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
Г	IMMEDIATE CAUSE (a)	1111
	Conditions, If any, which gave rise to Immediate (b)	4)
	cause (a), stating the underlying cause last.  DUE TO  (c)	0
NOT		19. WAS AUTOPSY PERFORMED?
100		YES NO
CEDITICION		0
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While factory, street, office bidg., etc.) (Court factory, street, office bidg., etc.)	nty) (State)
BAEF		17
	21. I certify that (I) (this hespital) attended the deceased from, 1905, to, 190	that (I) (we) last
	saw the deceased alive on 1977, and that death occurred at 77 M, from the causes and on th	TE SIGNED
	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	16/6/
	22c. PHYSICKAN'S James P. Jarboe M. D. 22d. ADDRESS Great Mills, Maryla	nd '
2	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or countries)	(State)
7	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR 25b. RECISTRAR'S	S SIGNATURE
1	Welaste Mattens les Leonard town, Water FR 20 1967 Peliante	as Judge
=		0

30350 1,1 Timal Vallage Lace . . . See Joseph & Tought at delle per 19 1 10,1921 1 6; . W. L. Carlotte Contract State in the second s restants, Linde Mattenders, mercent 10 10 10 10 10 10 COLORS Greek Stoley Part Marie and the contract of the second of the second

2	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
	NEV	1)	02701 CERTIFICATE OF DEATH 02697	i
9	funeral and 2 death	/	. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admiss	ion
,	the funeral ges 1 and after death		a. COUNTY St. Mary's MARYLAND a. STATEMaryland b. COUNTY St. Mary's	
4	by the pages	-	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	vn)
	i .e.		Leonardtown 5 days Rural Abell 18-1	
			d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDEN ON A FARM	
		76	St. Mary's Hospital YES NO	
3	completely ve carbon levent, with		NAME OF First Middle Lest 4. DATE Month Day Year DECEASED	
	nple car		(Type or print) Mary Margaret late DEATH February 13, 196/	
-	d cor		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 I last birthday) Months Days Hours M	in.
	and emo any		remale White WIDOWED DIVORCED Sept. 12,1005   81 yrs.	1110.
	an a		Oa. USUAL OCCUPATION (Give kind of work done Industry) 12. CITIZEN OF WHAT uring most of working life, even if retired) INDUSTRY	
	e Sici		Maryland U.S.A.	
	val val		3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	The		William Tate Susan Regina Hardin	
	tend iit.		15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address Yes, no, or unknown)   (If yes give war or dates of service)	
			577-01-9377 Mrs (lem Beitzell Abell, Maryland	
7	at the dear ian. d by the at ransit pern cremation,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1  INTERVAL BETWEE ONSET AND DEAT	
4	an. an. 1 by ransi		PART 1. DEATH WAS CAUSED BY: Myocardial Afunction 5 days	
	s that ysicial igned ial-tra rial, cr		4/201 DUE TO 5	
	physi physi n sign burial burial		[ conditions, if any, which ] (b) On Series claroles by perlemone Cardio - 20 4.	
	ng ng een to		gave rise to immediate cause (a), stating the DUE TO	
	aw re ttendii has be as th as th prior		underlying cause last. (c) Veseular Justin	
	or atter or atter sate has use as		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED	
F	t: The Is al or at ificate h for use Health I	3	YES NO	
	CIAN: The ospital or a certificate hed for use to Health		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPED PERFORMED YES NO  20a. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH II of Item 18.)  19. WAS AUTOPED PERFORMED YES NO  20a. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH II OF ITHER, NOTIFY MEDICAL EXAMINER)	
3	PHYSICIAN: The law requires that the hospital or attending physician this certificate has been signed the detached for use as the burial-trailed beet, of Health prior to burial, cre			
	he hos this ce etache Dept.		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State	)
			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work at w	
	ok attenbing be retained by JIRECTOR: After ge 3 should be ed with the Stal	-	21. I certify that (I) (this hospital) attended the deceased from	as
	tain tain tain tain tain tain tain tain		saw, the deceased alive on	
	OR ATTER be retain DIRECTOR ge 3 shouled		22a. SIGNATURE 22b. DATE SIGNED	
	ay be ay be page page filed		M.D. ATTENDING MED. STAFF DIRECTOR PHYS. D 2-14-67	
	RAL RAL	0	22c. PHYSICIAN'S NAME (Type) John F. Fenwick M. D. 22d. ADDRESS Leonardtown, Maryland	
	Page 4 may lo FUNERAL Didicector, page should be file	1	Joint 1. 1 dated 111 Dr	_
	Short Short		3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	
3.5		0	Burial Feb. 15, 1967   Sacred Heart   Bushwood (Naryland) 24. FUNERAL DIRECTOR   ADDRESS   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE	-
	15 115	) <sup>4</sup>		
	VR AIS (4)		W. Clarke Mattingley Leonardtown, Maryland DATE FEB 15 1967 Clarke Dec	4

*			
aliant	phoporally		
Soil	Swell	totals to	
			St. Cau's Housing
Fancasse (5)	- Zuča	Janes Commission	(410)
V			ramle skida s
A Z A Budge			
	Sugar Regula		W.Lilem /ade
	na Clari petersol.		
Deven, neuroland	Joews)	and the same	o'n.
hambi dies	tall Som	Season, S	15, 15, 15
	To Your	cardioon, name	M. Cloude nation by Lean

Description of the part of the	4
3. NAME OF DECEASED Wather OF DEATH February 16, 19 67  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 100 NEVER	E NO E
3. NAME OF DECEASED (Type or print)  3. NAME OF DECEASED (Type or print)  3. NAME OF DECEASED (Type or print)  4. DATE Month Day Year OF DEATH February 16, 19 67  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SE B. DATE OF BIRTH 9. AGE (in years   IFUNDER 14 February 16, 19 67  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SE B. DATE OF BIRTH 9. AGE (in years   IFUNDER 14 February 16, 19 67  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SE B. DATE OF BIRTH 9. AGE (in years   IFUNDER 14 February 16, 19 67  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SE B. DATE OF BIRTH 9. AGE (in years   IFUNDER 14 February 16, 19 67  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SE B. DATE OF BIRTH 9. AGE (in years   IFUNDER 14 February 16, 19 67  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SE B. DATE OF BIRTH 9. AGE (in years   IFUNDER 14 February 16, 19 67  10a. USUAL OCCUPATION (Give kind of work done of working life, even if retired)   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT   16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED FOR THE TENNER OF THE TENN	ter deal
3. NAME OF DECEASED (Type or print)  3. NAME OF DECEASED (Type or print)  3. NAME OF DECEASED (Type or print)  4. DATE Month Day Year OF DEATH February 16, 19 67  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SE B. DATE OF BIRTH 9. AGE (in years   IFUNDER 14 February 16, 19 67  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SE B. DATE OF BIRTH 9. AGE (in years   IFUNDER 14 February 16, 19 67  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SE B. DATE OF BIRTH 9. AGE (in years   IFUNDER 14 February 16, 19 67  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SE B. DATE OF BIRTH 9. AGE (in years   IFUNDER 14 February 16, 19 67  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SE B. DATE OF BIRTH 9. AGE (in years   IFUNDER 14 February 16, 19 67  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SE B. DATE OF BIRTH 9. AGE (in years   IFUNDER 14 February 16, 19 67  10a. USUAL OCCUPATION (Give kind of work done of working life, even if retired)   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT   16. SOCIAL SECURITY NO. 17. INFORMANT   15. WAS DECEASED FOR THE TENNER OF THE TENN	ours affin by the Pages
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Rebecca Joy  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, If any which gave rise to immediate cause (a), stating the underlying cause last.	
13. FATHER'S NAME    14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]   19. WAS AUTOPS   19. WAS AUTOPS	withir pletely carbon nt, witi
13. FATHER'S NAME    14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]   19. WAS AUTOPS   19. WAS AUTOPS	recuted nd commove (move any eve
13. FATHER'S NAME    14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]   19. WAS AUTOPS   19. WAS AUTOPS	be eximinan a sease rease rease.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)  19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)  19. WAS AUTOPHOREM (Park of the per line) (Interval But in the per line) (Interv	tificate ng phys neval
B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]    18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    19. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    19. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    19. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    19. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]    10. CAUSE OF DEATH	ath cer attendir rmit. T
OF CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year  20d. INJURY OCCURRED  20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  20c. TIME OF INJURY Month, Day, Year  20d. INJURY OCCURRED  20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  20f. (City or town) (County) (State factory, street, office bidg., etc.)  20f. (City or town) (County) (State factory, street, office bidg., etc.)  20f. (City or town) (County) (State factory, street, office bidg., etc.)  20f. (City or town) (County) (State factory, street, office bidg., etc.)  20f. (City or town) (County) (State factory, street, office bidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from factory, street, office bidg., etc.)  22a. Signature  22b. Date signed  22c. Physician's  NAME (Type) (harles Greenwell M. D. Leonardtown, Maryland  23a. BURIAL, CREMATION, 23b. Date Thereof 23c. NAME OF CEMETERY OR CREMATORY  23d. Location (City, town or county) (State)  24. FUNERAL DIRECTOR  ADDRESS  25a. REC'D, BY, REGISTRAR 25b., REGISTRAR's SIGNATURE	ATTENDING retained by CTOR: After is should be vith the Stat

0269				- 83	
American Company	tengland		Can west	45083	
	Leaner L				
16, 07	n.	ites of a			
	10/7	. 2500	20.	i Vin	Faucta
H Chan					
10 - 10	moscu		A Property of		
teducin, tendina	Depty nav				

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY a. STATE after ST. MARYS MARYLAND ST.MARYS MARYLAND c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b I completely filled in by ove carbon papers. Page event, within 72 hours a write RURAL and give nearest town) hours LEONARDTOWN CHARLOTTE HALL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO 3 ST. MARYS HOSPITAL YES executed within 3. NAME OF DATE First Middle Last 4. Month Day Year DECEASED (Type or print) DEATH 19 67 HENRY RTHUR MOOD FEB AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 5. SEX and cor 6. COLOR OR RACE DATE OF BIRTH 9. 8. 7. MARRIED NEVER MARRIED any MALE WHITE 86 WIDOWED DIVORCED = 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease and ir be during most of working life, even if retired) INDUSTRY COUNTRY? CARPENTER CONSTRUCTION MARYLAND USA certificate 0 ned by the attending phy al-transit permit. Then plan, cremation, or cemoral 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENRY E. WOOD AMANDA THOMPSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) (If yes give war or dates of service) death - CHARLOTTE HALL MD 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN requires that the been signed by the burial-transit or to burial, crema ONSET AND DEATH DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO this certificate has bee detached for use as the centre of Health prior to (a), stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO D YES [ 20a. ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of H OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State After Id be d Hour a.m. While Not While ATTENDING retained by à 19 at work at work FUNERAL DIRECTOR: Af lirector, page 3 should I hould be filed with the S 1960 196 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from saw, the deceased alive on M, from the causes and on the date stated above and that death occurred at DATE SIGNED \$IGNATU 22a. pe STAFF ATTENDING PHYS. M.D. PHYS. DIRECTOR 4 may 22d. ADDRESS director, p PHYSICIAN'S NAME (Type) MECHANICSVILLE. MD 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 0 67 ST. ALOYSIUS CE. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS EUNERAL DIRECTOR VR A15 (4) LEONARDTOWN . MD. DATE MAD 15M 4-64

Contain to the single - to the caution of the single singl and Terres 3 . I'. Laverplance